



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 5410

|   |   |                                  |   |                                      |                                |
|---|---|----------------------------------|---|--------------------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/550,490  | <b>FILING OR 371(c) DATE</b><br>03/30/2006<br><b>RULE</b>   | <b>CLASS</b><br>604              | <b>GROUP ART UNIT</b><br>3763   | <b>ATTORNEY DOCKET NO.</b><br>P28491 |                                |
| <b>APPLICANTS</b><br>Tatsuo Tsutsui, Kanagawa, JAPAN;   |   |                                  |   |                                      |                                |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/JP03/03852 03/27/2003 <i>TS</i>   |   |                                  |   |                                      |                                |
| <b>** FOREIGN APPLICATIONS *****</b><br><i>none</i>   |   |                                  |   |                                      |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 06/21/2006</b>  |   |                                  |   |                                      |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met <i>Allowance</i><br>Verified and Acknowledged <i>[Signature]</i><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>JAPAN | <b>SHEETS DRAWING</b><br>7  | <b>TOTAL CLAIMS</b><br>6             | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>7055  |   |                                  |   |                                      |                                |
| <b>TITLE</b><br>Power medicine applicator for nasal cavity  |   |                                  |   |                                      |                                |
| <b>FILING FEE RECEIVED</b><br>1030  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                      |                                |